United States District Court
Southern District of New York

2017 OCT 18 PM 3: 05 S.D. OF N.Y.

Andre Green

Write the full name of each plaintiff.

17CV 8045

(Include case number if one has been assigned)

-against-

United Staffing Solutions

preffered Megls

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

COMPLAINT

Do you want a jury trial?

Or See D No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

| What is the basis fo | or federal-court jurisdiction in your case? |
|-----------------------------------------|-----------------------------------------------------------------------------------|
| Federal Qu | estion |
| ☐ Diversity o | of Citizenship |
| A. If you checke | ed Federal Question |
| Which of your fede | ral constitutional or federal statutory rights have been violated? |
| united & | ktes labor law |
| | |
| | |
| B. If you check | ted Diversity of Citizenship |
| 1. Citizensh | ip of the parties |
| Of what State is ea | ach party a citizen? |
| The plaintiff,(F | Andre Green, is a citizen of the State of Plaintiff's name) |
| (State in which the | person resides and intends to remain.) |
| or, if not lawfully subject of the fore | admitted for permanent residence in the United States, a citizen or eign state of |
| or, if not lawfully subject of the fore | admitted for permanent residence in the United States, a citizen or |

| If the defendant is an individual: | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------|
| The defendant, | , is a citizen of the State of |
| (Defendant's name) | |
| | |
| or, if not lawfully admitted for permanent subject of the foreign state of | t residence in the United States, a citizen or |
| If the defendant is a corporation: | |
| The defendant, United Staffing | Solutions is incorporated under the laws of |
| the State of | |
| and has its principal place of business in t | he State of New XOVK |
| or is incorporated under the laws of (foreign | gn state) |
| and has its principal place of business in | • |
| If more than one defendant is named in the c information for each additional defendant. | omplaint, attach additional pages providing |
| II. PARTIES | - |
| A. Plaintiff Information | |
| Provide the following information for each proages if needed. | laintiff named in the complaint. Attach additional |
| Andre | Green |
| First Name Middle Initial | Last Name |
| 316 N. 9Mth Street | pt 42C |
| Street Address | J. LADIR |
| County, City | State Zip Code |
| 646)418 8800 | A 11 |
| Telephone Number | Email Address () favailable) |

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

| Defendant 1: | United S First Name | Solution Solution | 200 |
|--------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| | III Broga | or other identifying information of the state of the stat | • |
| Defendant 2: | First Name | red Mecls Last Name | · |
| | 2016 G Current Work Addr R Cook | ess (or other address where | defendant may be served) |
| Defendant 3: | County, City First Name | / State / Last Name | Zip Code |
| · | | or other identifying informati | • |
| | Current Work Addr | ess (or other address where | defendant may be served) |
| | County, City | State | Zip Code |

| Defendant 4: | | | | |
|-------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------|
| | First Name | Last Name | | |
| | Current Job Title (or otl | ner identifying information) | | |
| | Current Work Address | or other address where defe | ndant may be served) | |
| | County, City | State | Zip Code | |
| III. STATEMI | ENT OF CLAIM | | | |
| Place(s) of occur | rrence: 2016 P. | tkin Ne. Brow | klxo. | |
| | | | P. J. | |
| Date(s) of occur | rence: Feb. 13, | 3015 | | |
| FACTS: | | · | • | |
| | nat each defendant perso | your case. Describe what had not have a solution of the second se | harmed you. Attach | |
| from a y | De her land | Listed Stepas | Solutions asking n |) a |
| 10767 | till independed | in a driving pro | 1 1 6 | v |
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| and Infol | med Lim 7 | wes from Un | ted Staffing soluti | ons |
| and was | reporting 98 | 9 OPIVER N | le Libri shorm | રત |
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| Sent the | re 98 9 driv | ler. He inform | ned me they I | ould |
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| I Contacted United Styfing and informed them. |
|-------------------------------------------------------------------------------------------|
| Mr. Kexlor wanted to Speak to Mr. Libri and he |
| Pefysed. |
| Lindrek under Isbor law is an employer Keigests |
| 9 person-employee to Show up for Work is. 5 |
| entitled to 9 4 hour minimum Whether the |
| employee Worker or not. I requested my 4 hrs. |
| Minimum for United Staffing Solution Mangger Mr. |
| prest, who out kight refused to pay the 4 hr. |
| Minimum |
| INJURIES: |
| If you were injured as a result of these actions, describe your injuries and what medical |
| treatment, if any, you required and received. — Loss & Wecks Worth of |
| work, because I loss fith in the Company because |
| they did not want to pox me, therefor I did |
| not want to work for a company who has a problem |
| psking What the labor land State |
| |
| IV. RELIEF |
| State briefly what money damages or other relief you want the court to order. |
| |
| - Would like to hold both Companies |
| Pesponsible for not poxing me. |
| Lesponsible for not pexing me. I sue bothe compenies for \$10,000 |
| Compensator, demaces and \$16,000 Duntive |
| Compensator, demacos and \$10,000 puntive danges and \$10,000 for emotional and montal |
| anguiste. |
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V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically: \Box Yes \Box No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.